

Form #3
Evaluation of Work Affecting Asbestos-Containing Materials

THIS EVALUATION COVERS THE FOLLOWING MAINTENANCE WORK:

Location of work (address, building, room number(s), or general description):

Date(s) of work: _____

Description of work: _____

Work approval form number: _____

Evaluation of work practices employed to minimize disturbance of asbestos:

Evaluation of work practices employed to contain released fibers and to clean up the work area:

Evaluation of equipment and procedures used to protect workers:

Personal air monitoring results (in-house worker or contract?):

Worker name: _____ Results: _____

Worker name: _____ Results: _____

Handling or storage of ACM:

Signed: _____ **Date:** _____

(NIEHS Asbestos Program Manager)

(Continuation on Back)

Maintenance Work Authorization

AUTHORIZATION

No. _____

Authorization is given to proceed with the following maintenance work::

PRESENCE OF ASBESTOS-CONTAINING MATERIALS

_____ Asbestos-containing materials are not present in the vicinity of the maintenance work.

_____ ACM is present, but its disturbance is not anticipated; however, if conditions change, the Asbestos Program Manager will re-evaluate the work request prior to proceeding.

_____ ACM is present, and may be disturbed.

WORK PRACTICES IF ASBESTOS-CONTAINING MATERIALS ARE PRESENT

The following work practices shall be employed to avoid or minimize disturbing asbestos*:

PERSONAL PROTECTION IF ASBESTOS-CONTAINING MATERIALS ARE PRESENT**

The following equipment/clothes shall be used/worn during the work to protect workers:

(Manuals on personal protection can be referenced)

SPECIAL PRACTICES AND/OR EQUIPMENT REQUIRED:

Signed: _____ Date: _____
(NIEHS Asbestos Program Manager)